

REINSTATEMENT APPLICATION OF MEMBERSHIP INDIVIDUAL MEMBER

First Name:		Middle Name:		Last Name:	
Membership ID:	Member's Category (please tick one):				
	Active Member (Auditor) <input type="checkbox"/>	Active Member (Accountant) <input type="checkbox"/>	Affiliate Member <input type="checkbox"/>	Associate Member <input type="checkbox"/>	Student Member <input type="checkbox"/>
Current Email Address:					
Phone number:		Nationality:		Date of Birth: / /	
Current Employer (Name of your organization):					
Address of your organization:					
Position:					
Request to re-activate my membership start at (year):					

Applicant's Signature _____ **Date** _____ / _____ / _____

Note: If your request is approved, your membership status will be re-activated immediately. The invoice for annual membership fee (full amount) will be sent to you in due course.

History Record (For office use only)

Membership ID:	Admission Date: / /	Outstanding Payment: <input type="checkbox"/> (Yes (_____ to _____) <input type="checkbox"/> No
Submission of Renewal Form – Not Renewing (dd/mm/yy): / /		Not informing KICPAA Secretariat quit since (Y): / /
<p>Signature: _____ Name: _____ Date: / /</p>		

Reinstatement decision made by:

- Approved
- Denied

			/ /
Authorized Signature	Title	Name	Date